

# *Psychology in the Physical and Manual Therapies*

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The overlap of physical medicine and psychology has been a personal and academic interest for many years. Undergraduate programs have tended to focus on the “rats and stats” rather than on the human-to-human interactions. There has been a paucity of available material. A recent text edited by Kolt and Andersen and published by Churchill Livingstone has resulted in a wonderful resource for the field practitioner interested in exploring these dimensions.

The book (approximately 370 pages) is divided into three sections. The first section is titled “Injury, illness and rehabilitation: Psychological principles”. It begins with an overview of the reasons why the physical therapist should be cognizant of the psychological dimensions of health care. Chapter two discusses a range of psychosocial factors that influence the onset of illness and injury and focuses on current research into models of those at risk. This subsequent chapter explores the various psychosocial sequelae from illness and injury. The section concludes with a broad look at the psychological aspects of rehabilitation.

Section two, “Psychological care in the physical and manual therapies: an integrated approach”. This section opens by exploring the nature of the practitioner - client relationship and how it is best utilized to maximize the therapeutic alliance. It establishes a theoretical and empirical basis for the importance of this relationship and proceeds to introduce the reader to several models of client-practitioner interaction. This is reinforced by a clear and concise description of the necessary skills long recognized by psychologists (in particular citing the work of Carl Rogers), namely acceptance, genuineness and empathy. This chapter concludes by reviewing the literature in regard to non-verbal therapist behaviors and attending skills with suggestions on how they can be further developed.

Mark Andersen (of Victoria University fame) has written an insightful chapter on Transference and countertransference.

It is cleverly crafted and incorporates an illustrating story format sprinkled with research findings. It was very readable and engaging and clearly unravels a complex relationship dynamic. He then concisely and elegantly describes and illustrates the major Axis 1 psychopathologies. The middle chapters in this section outline Cognitive and Behavioural Therapeutic interventions, the use of imagery and relaxation techniques and their applicability in various physical therapy situations. A chapter succinctly reviewing the definitions and theoretical mechanisms of pain and its assessment follows.

Section three, selects eight commonly encountered specific client populations, namely arthritides, injury from sport, cardiovascular, spinal cord and brain injuries, personality disorders, and terminal illness. The chapter on Function Somatic Syndrome is a thoughtful and articulate presentation on one of the most demanding and poorly understood client populations I have yet encountered. Each of the eight groups is introduced with an overview of the pathology, assessment, medical management, likely psychological issues and appropriate interventions.

In sum, this book verges on being a mandatory purchase for physical therapist’s library. It has brought together a wealth of information from a wide range of local and international authorities. The material is presented in a highly readable format that translates readily into knowledge for day-to-day use in practice. The topics have been discussed in light of current research and avoided excessive psychological jargon. The psychological principles for intervention are not esoteric but concrete and highly relevant for the practitioner interested in optimal outcomes. As a new graduate (and even today!), I had at times wished for less knowledge on anatomy and more information and skills on how to work with clients. This would have gone a long way to addressing that desire. Buy it, go halves, or borrow it, but read it, you won’t be disappointed.

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